

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 03-43	2. STATE Louisiana
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE November 21, 2003	

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

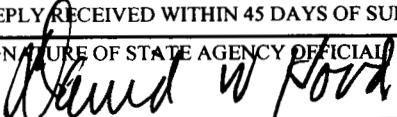
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.170 a	7. FEDERAL BUDGET IMPACT: a. FFY <u>2004</u> \$1,596.74 b. FFY <u>2005</u> \$1,844.60
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Item 24.a., Page 2 Attachment 3.1-A, Item 24.a., Page 8	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same (95-43) Same (94-30)

10. SUBJECT OF AMENDMENT: **The purpose of this amendment is to amend current policy to allow other medical professionals to sign the certification form establishing the need for ambulance transportation.**

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL


☒ OTHER, AS SPECIFIED: **The Governor does not review state plan material**

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: State of Louisiana Department of Health and Hospitals 1201 Capitol Access Road PO Box 91030 Baton Rouge, LA 70821-9030
13. TYPED NAME: David W. Hood	
14. TITLE: Secretary	
15. DATE SUBMITTED: December 17, 2003	

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17. DATE RECEIVED: 22 DECEMBER 2003	18. DATE APPROVED: 23 JANUARY 2004
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 21 NOVEMBER 2003	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: ANDREW A. FREDRICKSON	22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR DIV OF MEDICAID & CHILDREN'S HEALTH

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

Attachment 3.1-A
Item 24.a. Page 2

AMOUNT DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS IN THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED BELOW:

CITATION Medical and Remedial
42 CFR Care and Services
440.170(a) Item 24.a. (cont'd)

B. Authorization for Services

1. Certification for Land Ambulance Services

Vendor payment is made upon receipt of the completed DHH certification of ambulance transportation form signed by a physician or other licensed medical professional as authorized by the Bureau. The certification form documents the recipient's condition at the time the ambulance services were ordered and establishes that ambulance transportation was necessary because other means of transportation would endanger the life or health of the patient.

SUPERSEDES TN# 95-43

STATE <u>Louisiana</u>	A
DATE RECD <u>12-22-03</u>	
DATE APPVD <u>1-23-04</u>	
DATE EFF <u>11-21-03</u>	
HCFA 179 <u>03-43</u>	

TN# 03-43 Approval Date 1-23-04 Effective Date 11-21-03
Supersedes
TN# 95-43

AMOUNT DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS IN THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED BELOW:

E. Authorization Process for Non-Emergency Ambulance Transportation

Non-emergency Ambulance Transportation is not prior authorized by the Bureau or its designee. Vendor payment for Non-Emergency Transportation shall be made upon receipt of the completed DHH certification of ambulance transportation form signed by a physician or other licensed medical professional as authorized by the Bureau. The certification form documents the recipient's condition at the time the ambulance services were ordered and establishes that ambulance transportation was necessary because other means of transportation would endanger the life or health of the patient.

SUPERSEDES TN# 94-30

STATE	<u>Louisiana</u>
DATE REC'D	<u>12-22-03</u>
DATE APP'D	<u>1-23-04</u>
DATE EFF	<u>11-21-03</u>
PCIA 179	<u>03-43</u>

A

TN# 03-73 Approval Date 1-23-04 Effective Date 11-21-03
Supersedes
TN# 94-30